

CRITICAL

CHALLENGE

A health system that is driven by market forces will mean a very different future for the public health professions, for professional schools and for relations between health professionals. Some of these changes will be positive, presenting a new context and great opportunities for dramatically altering professions; others may initially be seen as negative and threatening to the core of the values of certain professions. In such dramatic change lies opportunity, but it will require innovation and creativity to realize that opportunity, and leadership to sustain the changes necessary to secure it within any given profession.

Within three to four years, certainly by the end of the century, the vast majority of Americans will be enrolled in one of the integrated health systems. Most will be enrolled with a capitated benefit. After the initial assembly of the organizations and the inevitable consolidations, relatively few plans (probably no more than four to six in a given area, if current trends hold) will enroll 80 to 100% of the insured population. Most of these plans will be accountable for the health and financial risks associated with the majority of the individuals they enroll. This will inevitably encourage them to manage the health of their enrolled populations. The goals of this management will be three. First, they will attempt to use all means to deliver the contracted services for a stable or reduced cost and price. Initially this will be done in order to achieve a profit or financial stability, but eventually such a commitment to delivering services at reduced costs will become part of the effort to achieve and maintain greater market share. Second, the systems will attempt to improve the level of patient, customer or consumer satisfaction with the services delivered through both the clinical and non-clinical programs. Finally, the systems will address the issues of improving the clinical outcomes and functional status of their populations. Systems managers will be motivated partially by a desire to keep patients satisfied

Reprinted from:

THE THIRD REPORT OF THE PEW HEALTH PROFESSIONS COMMISSION

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Editor's Note: Public Health Reports would like to thank the Pew Health Professions Commission for letting us reprint the following section on public health from their Third Report. Former Governor Lamm chaired the Commission.

and partially by the recognition that such programs can lower overall costs. Clearly, there will be a great variety of experiments within the various systems, but the need to lower costs in all of them, expand quality, and improve on customer satisfaction will be content in all of them.

The management of a population in such a manner will require the skills and competencies found in some of today's public health disciplines. Epidemiology, health policy and administration, biostatistics, health services research skills,

undertaking. First, schools should conduct or revise their strategic plans to accommodate the enormous impact of these market driven changes. This will require that schools remain open and creative in the face of the opportunities afforded by market driven change. Second, this market, like all markets, will fail to meet some of its consumers' needs. Having public health professionals inside the system to understand and correct such shortcomings is vital to the public's health. Third, the schools and profession must open new relationships and partnerships with these market-derived institutions. These partnerships, which will be equally important to education, service, and research, will form a better understanding and provide the foundation for deeper collaboration. The disciplines within the schools should use the opportunities presented by these partnerships to develop an orientation more focused on solving systemic problems. Fourth, the learning opportunities offered students should incorporate the new knowledge, skills, and competencies related to the analysis of health care as a system and the redesign of work for the continual improvement and innovation of care. Such an orientation has implications for professional training at the masters level, and for doctoral training and research. All of these initiatives will require creative, risk-accepting leadership from the schools and the professions. Accepting such challenges will assure that public health will remain vital and relevant in the next century.

Recommendations for Public Health

health education, evaluation, and other parts of the intellectual core of the public health disciplines are the basic tools for assessing the health needs of populations, developing programs of intervention, and evaluating their costs and efficacy. While the management disciplines, education, and other social sciences can contribute to such a process, none has the integrative capacity, background in problem solving, or "outcomes" orientation that these highly competitive integrated delivery systems will require. It is the task of the professions and the schools to make the potential contribution of public health disciplines clear to the leadership of the new integrated systems. Furthermore, new links among schools of public health, the profession of public health, and the emerging integrated delivery systems will be required. As these linkages are formed, new opportunities for public health school graduates will open in all aspects and at all levels in the management and leadership of these integrated delivery systems. Moreover, these systems will provide an exciting new source of research problems, resources, and funding for faculty of public health schools.

The needs of the integrated systems will not be met simply by hiring public health professionals. As care is managed throughout the organization, so clinicians throughout the system will need to develop the requisite skills to manage the health of and improve the value of care for the enrolled populations. This will require substantial and ongoing retraining of nurses, physicians, allied health personnel, and managers. Epidemiologists, biostatisticians, health educators, and others will be essential to this undertaking, but they will be required to apply their skills in new contexts. For example, large numbers of health professionals will require retraining in disease prevention, clinical epidemiology, process and systems analysis, and managerial epidemiology.

These developments point to a renaissance for the public health professions, practice, and education. But these changes will not come about without a concerted self-examination and restructuring by the entire profession. Several strategic steps are essential to realize the full potential of this

- A. Create new public health education programs that bring together the traditional public health disciplines with the clinical professions. These programs should be created in conjunction with state government, local government, managed care organizations, and other nonacademic institutions.
- B. Develop partnerships to apply population health management skills to the problems that are now faced by highly managed and integrated systems of care. These partnerships should include research, service, and training components.
- C. Create programs at the federal, state, and managed care organization levels to continue and enlarge the support base for a broad range of psychosocial-behavioral research and training.
- D. Reframe public health as a basic science in the personal and clinical health sciences and incorporate the new knowledge, skills, and competencies related to the analysis of health care as system and the redesign of work for the continual improvement and innovation of care.
- E. Recognize the obligation at the state and federal level to adequately fund public health education and practice, particularly in an era of market driven health care.

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